DR-2 Disclosure Summary Page

Bob Anderson Fo	r State Senate		Status:	Amended
Committee Type:	State Senate		Statutory Due Date	10/19/2014
County:	_NA		Adjusted Due Date	
District:	39		Filed Date	10/20/2014 2:35:39 PM
Committee Code:	2126		Postmark Date	
Political Party:	Republican		Amendment Date	10/20/2014 2:40:06 PM
Report Date:	2014	Candidate Na	ame: Anderson, B	ob

Treasurer

Last Name: Stannard	Į.	First Name:	Deb	MI:
Address: P. O. Box 282				
City: Swisher	State: IA	Zip Code:	52338	Phone: 319-621-1046
E-Mail: ios@mchsi.com				

Chairperson

Last Name: Clemens		First Name:	Arleigh		MI:
Address: 1450 High Country Road					
City: Coralville	State: IA	Zip Code:	52241	Phone: 319-3	38-5638
E-Mail: ansc@mediacombb.net		-			

Statement of Cash On Hand

Cash on Hand at Start of Period	\$868.29
Schedule A: Cash Contributions Total	\$0.00
Schedule F1: Loans Received Total	\$0.00
Schedule H2: Campaign Property Sales	\$0.00
Sub-Total	\$868.29
Schedule B: Expenditure Total	\$868.29
Schedule F2: Cash Loan Repayments	\$0.00
Cash on Hand at End of Period	\$0.00

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: Unpaid Bills	\$0.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F2: Forgiven Loans	\$0.00
Schedule F2: Outstanding Loans	\$0.00
Schedule G: Consultant Breakdown	No
Schedule H1: Campaign Property Value	\$0.00